

**Application Data Sheet**

**Application Information**

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	CATALYSTS FOR ALKANE OR ALKENE OXIDATION AND AMMOXIDATION
Attorney Docket Number::	903-190 PCT/US
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity::	NO
Petition included?::	NO
Secrecy Order in Parent Appl.?::	NO

**Applicant Information**

Applicant Authority type::	INVENTOR
Primary Citizenship Country::	NETHERLANDS
Status::	FULL CAPACITY
Given Name::	ANDRE HARMEN
Family Name::	SIJPKES
City of Residence::	ALMERE
State of Province of Residence::	
Country of Residence::	NETHERLANDS
Street of mailing address::	12 BLAUWE DRUIFJESSTRAAT
City of mailing address::	ALMERE
State or Province of mailing address::	

Postal or Zip Code of mailing address::	1338 SZ
Country of mailing address::	NETHERLANDS
Applicant Authority type::	INVENTOR
Primary Citizenship Country::	NETHERLANDS
Status::	FULL CAPACITY
Given Name::	ROELANDUS HENDRIKUS WILHELMUS
Family Name::	MOONEN
City of Residence::	ALKMAAR
State of Province of Residence::	
Country of Residence::	NETHERLANDS
Street of mailing address::	93 PATERNOSTERSTRAAT
City of mailing address::	ALKMAAR
State or Province of mailing address::	
Postal or Zip Code of mailing address::	1811 KG
Country of mailing address::	NETHERLANDS
Applicant Authority type::	INVENTOR
Primary Citizenship Country::	NETHERLANDS
Status::	FULL CAPACITY
Given Name::	NELLEKE
Family Name::	VAN DER PUIL
City of Residence::	AMSTERDAM
State of Province of Residence::	
Country of Residence::	NETHERLANDS
Street of mailing address::	14/2 ZACHARIAS JANSESTRAAT
City of mailing address::	AMSTERDAM
State or Province of mailing address::	
Postal or Zip Code of mailing address::	1097 CL
Country of mailing address::	NETHERLANDS
Applicant Authority type::	INVENTOR
Primary Citizenship Country::	NETHERLANDS

Status:: FULL CAPACITY  
Given Name:: SHARIFAH BEE  
Family Name:: ABDUL HAMID  
City of Residence:: PETALING JAYA  
State of Province of Residence::  
Country of Residence:: MALAYSIA  
Street of mailing address:: 13 JALAN CECAWI  
City of mailing address:: PETALING JAYA  
State or Province of mailing address::  
Postal or Zip Code of mailing address:: 47810  
Country of mailing address:: MALAYSIA

**Correspondence Information**

Correspondence Customer Number:: 23869  
Phone Number:: (973) 331-1700  
Fax Number:: (973) 331-1717

**Representative Information**

Representative Customer Number:: 23869

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/NL2003/00928	12/18/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**Assignee Information**

Assignee Name:: AVANTIUM INTERNATIONAL B.V.

Assignee Name:: UNIVERSITI MALAYA